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ILMINSTER URBAN DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH

For the year ended 31st December, 1959.



Health Department,
16, Church Street,
Crewkerne.

Tel. No. Crewkerne 419

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A. M. McCall

V.R.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

P. P. Fox (M.O.H. Yeovil Borough)

Public Health Inspector

N. J. Arney, C.R.S.H.

Health, Highways, Buildings & Water Committee

F. S. Carpenter
A. W. G. Copperthwaite
A. W. C. Gooch
R. E. Marks
D. J. Morgan
R. C. Priest (Chairman)
C. W. Scriven

Housing Committee

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A. W. G. Copperthwaite
L. T. Clapp
A. W. C. Gooch
R. T. Harrison (deceased)
D. R. Hurd
R. E. Marks
D. J. Morgan
L. A. Piddock
B. J. Pike
R. C. Priest
C. W. Scriven
K. G. Whaites

Health Visitor

Mrs. O. J. M. Pitt,
S.R.N., S.C.M., H.V.

District Nurse

Miss Pidgeon, S.R.N., S.C.M.

To the Chairman and Councillors of the Ilminster Urban District Council.

Gentlemen,

I beg to submit my Report for 1959.

There was a sharp outbreak of measles in March and a fair amount of influenza in the early part of the year. A considerable amount of vaccination against poliomyelitis and tuberculosis was done during the year.

The new sewage works were completed and began to function satisfactorily. However, there were some difficulties with water, refuse disposal and meat inspection, which are referred to in the text.


I wish to thank the Committee for the courtesy they have shown me during the year.

I am,
Mr. Chairman and Councillors,

Your obedient Servant,

A.M. McCALL

Medical Officer of Health



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SECTION A

Statistics and Social Conditions of the Area

Population

The Registrar General gives the estimated mid-year population as 2,550, twenty less than last year and about one hundred less than ten years ago. At the same time, the number of inhabited houses at the end of the year was 1,019 whereas ten years ago it was 150 less. The rateable value of the town is now over £32,000 and the product of a penny rate which has more than doubled in the last ten years, is now £115. The Council's revenue therefore, seems to have kept pace with the declining purchasing power of the £.

Birth Rate

The corrected Birth Rate for the year was 10.98 per thousand population, which is still below the national figure for England and Wales of 16.5. This latter figure is the highest since 1949. There were two illegitimate births in the town during the year.

Death Rate

The corrected Death Rate for the year was 13.3 per thousand population, which is above the national figure of 11.6. These figures are probably not significant as the numbers involved in a town the size of Ilminster are really too small when compared with the country at large. However, the causes of death show that Ilminster follows the national pattern. Diseases of the heart were responsible for a quarter of the total deaths and when those due to vascular diseases are added, the cardio vascular system is responsible for seventeen out of a total of thirty-six deaths. Cancer, the second highest, is well behind with only eight deaths. There were no deaths from tuberculosis but it will be noted that there were two suicides and one death due to a motor accident.

Maternal Mortality

There were no maternal deaths in 1959.

Stillbirths

There were no stillbirths in Ilminster in 1959.

Infant Mortality

No infants died during the year.

Social Services

The social services provided by the local health authority remained unchanged.

The Old People's Club continued to do its excellent work.

SECTION B

General Provision of Health Services in the Area

There were no new services provided during 1959 and, indeed, it is difficult to see how the local health authority can improve on the present position until there is a clinic premises in the town.

Care of Mothers and Young Children

Antenatal Clinics

There are no antenatal clinics held in the town and the routine antenatal examinations are carried out by the general practitioner or by the district nurse. All patients requiring admission to hospital go to the maternity unit at Musgrove Park Hospital, Taunton, where routine blood examinations are also done to determine the Rh. factor, for Kahn and Wasserman tests and for haemoglobin estimation. Reports are sent to the private practitioner and to the district nurse. It would be valuable if expectant mothers could attend relaxation classes but this would necessitate travelling either to Chard or Crewkerne Clinics.

Domiciliary Midwifery

The district nurse continued to attend expectant and nursing mothers in their homes with the private practitioner supervising the case. They also visit the mothers who have been discharged from the Taunton hospital.

Infant Welfare Clinics

The infant welfare clinics are held weekly and Dr. Bond attends twice a month. Mothers in the Ilton area are also transported into this clinic. Details of attendances are shown in Appendix B, Table 1.

Health Visiting

Mrs. Pitt continued as Health Visitor and Tuberculosis Health Visitor for the town. In addition to visiting pre-school children she attends all school medical examinations and follows up cases, as necessary.

Home Nursing

The district nurse carried out home nursing in the town. The demand for this service is heavy, particularly among the older people and entails long hours of routine work. There are never any complaints about the standard of the work, in fact, quite the reverse and it reflects great credit on the nurses in that they carry on year after year doing sometimes extremely dull jobs with unfailing kindness and humour.

Immunisation

There was considerable demand for vaccination against poliomyelitis at the end of 1958 and when this vaccine became available early in 1959 sessions were arranged in the Council Offices. The public had lost their nervousness about American vaccine of the Salk type and both American and vaccine of English manufacture were readily accepted. At first individual appointments were issued but as the volume of applicants increased public sessions were held and met with a good response. Despite some unavoidable delays while the necessary forms were completed, the whole procedure went off with the greatest good humour and the people returned for their second injections with little or no prompting. The clerical work was by far the most onerous and a good deal had to be done outside normal working hours. However, it was completed cheerfully and I am very grateful. Full details of the number of people who attended during the year are shown in Appendix B, Table 3.

The fairly recent death of a young farm worker from tetanus, followed by a Coroner's inquest at which some puzzling statements were made, has led to my frequently being asked about the advisability of immunisation against tetanus. The advice I give to these enquiries is as follows.

Tetanus is unpredictable. It may follow any breach of the skin surface, including clean cuts in the hands, burns and whitlows. The incidence of tetanus varies from region to region in the country but was highest in the areas where the land is heavily pastoral. It is therefore a danger in this area. It is therefore wise for anybody who works on the land or has close contact with it, to receive active immunisation against tetanus. This is given by a course of two injections with Tetanus Toxoid at a month's interval, followed by booster doses every five years. People so protected, who subsequently receive severe cuts, burns, etc., which might be a source of tetanus infection would only require a booster dose of the Toxoid.

Those persons who have never had any active immunity against tetanus and who get severe lacerations, burns, etc., go to their doctors where they are given passive immunity with A.T.S. This serum gives the person temporary immunity to tetanus but these persons should realise that they should return to their doctor for a full course of active immunisation. This should start 6 to 8 weeks after the A.T.S. was given, by which time none of the protection afforded by the latter would remain in the body.

Another important point to be remembered is the fact that a previous attack of tetanus does not provide immunity against another attack. The probable reason why a course of Toxoid provides a much greater immunity than a previous attack of tetanus is that the amount of formalized toxin present in the usual dose of toxoid used is probably thousands of times the lethal dose for a man.

The necessity for immunisation against diptheria and whooping cough continued to be stressed and was done regularly at the clinic and by private practitioners.

Vaccination

In the past few years I have been stressing the importance of vaccination against smallpox. The figures for 1959 of fourteen primary vaccinations is still disappointingly low.

Home Help Service

The Home Help Service was again available in the town but it is limited by the availability of suitable women to do the work. They naturally have to be carefully selected as the service is jealous of its reputation for hard, efficient work, together with kindness and consideration for those whose temporary difficulties they are helping to overcome. The area organiser is in Taunton and she dealt with all applications.

School Medical Service

The pressure on the Health Department due to poliomyelitis vaccinations caused some slight curtailment of the school medical service during 1959. I visited all the schools, with the exception of the Girls' Grammar School which is under the care of Dr. Elliott, and carried out periodic and special examinations. The periodic examinations referred to are those on entry and leaving school. However, the children due for re-examinations had to be left over until the following year. Details of the inspections are shown in Appendix B, Table 2. In the Table you will see the percentage of children having school milk and by far the lowest is the Secondary Modern School. It would appear that as the children grow older they are less willing to take their third-of-a-pint each day. However, at the Grammar School where children are in the senior age groups, the percentage is 34% better than the Secondary Modern.

I therefore wonder if there is some difference in the two schools in their attitude towards milk drinking. Are the more intelligent children more aware of its value?

Of the four schools which I inspect, the only one in which the school dinners are cooked on the premises is the Secondary Modern School and it is interesting to note that they have the highest percentage of children staying to dinner. I know that many of the children attending the school are transported into the town and therefore it is not possible for them to go home to dinner but if the standard of the food provided was not of such good quality I am quite sure that more of them would bring sandwiches or go to the local fish and chip shop than already, unfortunately, do.

When I have finished examining the children at a school medical inspection, I go round the school to be sure the building and sanitation are satisfactory and not injurious to the health of the children and staff. In the past few years there has been a definite improvement in the condition of schools, particularly the senior ones. The new secondary modern schools provide accommodation far superior to any grammar school in my area. The conditions under which the staff and boys change for games at Ilminster Boys' Grammar School is very poor compared with a secondary modern school. I begin to doubt the wisdom of the lavish expenditure at two new secondary modern schools in neighbouring towns when infant boys at the Ilminster Junior Girls' school have to use a urinal which is antiquated, smelly and open to the elements. Small boys having to use this convenience in wet weather have to stand in pouring rain. These conditions were brought to the notice of the Education Department on numerous occasions, particularly in 1958 and 1959 but remain unchanged. Perhaps the money for Junior schools comes from a different 'vote'. It seems to me that some adjustment is necessary to ensure a more even spread of expenditure. The cost of building new schools is now very high indeed and one must have sympathy with the Education Committee in their task of endeavouring to allocate the available money to the best advantage. However, there is one possibility which I think they might explore with success. Recently the Government have encouraged private individuals and local authorities to completely modernize old houses. Some of the results have been an outstanding success. Could not this work be extended at least to Junior schools. The present high cost of land and essential services would at least be saved even if the alterations are costly.

School Dental Service

The supply of dental surgeons for the school dental service throughout the country is not yet satisfactory and each year the County Dental Officer stresses the importance of the education of children in the care of their teeth. He quite rightly points out that eating sweets and biscuits between meals often leads to early deterioration. Ices and iced lollies are particularly bad in this respect. They upset the chemistry of the saliva of the mouth and early decay results. I suspect that fewer than 50% of the children attending infant and junior schools possess a satisfactory toothbrush and fewer still use them regularly and properly. The usual drill is to brush across the front teeth and then think the job is done. Few of the children I have asked know that they should clean their teeth with an up and down motion which is the only way which will extract the debris from between the teeth and that they should carefully swill out their mouth afterwards. In the schools in the last few years we have educated the children to wash their hands before and after meals and after using the toilet and encouraged them to have individual towels. Would it not be possible to encourage the children to produce a toothbrush for use in schools after the midday meal? If this is not possible then perhaps they might be encouraged to swill out their mouths with ordinary water at the same time as they wash their hands. This, at least, would dislodge a fair proportion of debris remaining

between the teeth and over a period of time might well prevent unnecessary dental decay.

Mrs. Walker continued to work as part-time dental surgeon for the Ilminster schools.

Orthopaedic Service

Children who are referred to orthopaedic surgeons, either by private practitioners or through the school medical service, are seen at Taunton Hospital and are followed up regularly by Miss Read at the clinics she holds once per month at Chard.

Ophthalmic Service

At all school medical inspections I test the eyes of all children known to have a visual defect and all those having their periodic examination. If their glasses are not satisfactory, I refer them to their optician. If I think a specialist opinion is necessary I refer them to the County Oculist who holds special clinics for schoolchildren in Taunton.

In early years the children usually wear their glasses regularly, although often they are bent and the lenses scratched and these things have to be remedied frequently. However, as the children get older they are less inclined to wear glasses. Senior girls, now that they are able to obtain fashionable and coloured frames, accept them more readily than boys. The latter used to keep them in class for close work: latterly they have been keeping them at home for the 'telly'. I now find that they do not even use them for that. When asked, the reply these days is "No, I do not wear them - we have got a bigger screen".

The most common defect among schoolchildren is, of course, short sight (myopia). This is a progressive condition up until the early twenties. Hence the need for repeated changes of lenses. Recent work has shown that if a sufficient amount of calcium is taken daily, the rate of deterioration is decreased and sometimes halted and one of the eye specialists has been encouraging parents to obtain extra calcium in addition to an adequate milk supply for their children and those children whose parents have persevered are reaping the benefit.

Epileptics

Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a schoolchild to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastics

I spoke at length last year about the causes of cerebral palsy and of the services available in Somerset. These are unchanged.

Blind Persons

The Somerset Association for the Blind carry out the general work on behalf of and with a grant from the County Council. This arrangement works very well in practise. There are eight registered blind persons in the area. Prior to the admission to the Register, a blind person is examined by a medical practitioner with special experience in ophthalmology. Little delay is experienced in having persons known to be blind admitted to the Register.

Ambulance Service

The Somerset County Council ambulance covered this area during week days. During non-working hours and week-ends the Ilminster Red Cross Ambulance, under the direction of Mr. E.G. Farr, was available to deal with any emergency calls.

National Health Service

Last year I made a brief report on the Service which had been in existence for ten years. I stated that, following the teething troubles, it had settled down and runs smoothly. Taken all round, we in Great Britain have potentially the best, most available and most fair health service in the world today. It is an extremely good service and to ensure that it remains so the public have a duty to use it correctly.

We all have, or should have, our own family doctor. The family doctor has an almost permanent, constant and continuous responsibility for, and duty to his patients in all their illnesses. He sees about seventy per cent of all his patients at least once a year. It is the family doctor who is in charge all the way through an illness. It is he who has to decide when a specialist's help is required. It is he who has to interpret and assess the specialist's advice which he does not accept blindly. It is to him that the patient and relatives turn when the specialist has left the scene.

We should appreciate the burden of his responsibilities and do all in our power to lessen them. We should always try to consult our doctors early in an illness. Prompt attendance at the surgery often prevents an illness taking a more serious course. The doctor prefers to see his patients in the morning if possible. Nothing can be more irritating for a doctor than to be called in the middle of the night by a patient complaining of a pain which has been present since the previous day. Always be honest with your doctor. Don't go to him in the middle of a busy evening surgery complaining of a trivial illness when you really have a hidden fear that you have a more serious complaint and hope your fears will be allayed by a prolonged conversation during which you do not disclose the true reason for your visit. It is far better to state the fear immediately, even if it is quite unfounded. The examination can be made and the matter disposed of in far less time and in a more satisfactory way for the doctor and the patient. Don't tell your doctor how to treat your illness. He doesn't tell you how to do your job. You start off on the wrong foot if you walk in to see him and open with "I want my chest X-Rayed", or "I want such and such medicine". You probably haven't made the correct diagnosis and even if you have, the treatment may have changed since you read the article in a magazine. Don't reach a stage where you can't do without the pills you take for sleeping and the tablets you take for waking up. Let your doctor find out why you don't sleep or lack vitality during the day. When the cause is removed, the need disappears.

Mental Health Services

These services are administered by the County Council through the Mental Health Sub-Committee of the County Health Committee. The scope of this Committee covers ascertainment, care and training or discharge, as the case may be, of patients in need of supervision, care or control, under the Mental Deficiency Acts. Towards the end of the year the Sub-Committee were preparing plans for enlarging the scope of their work and the County Council will be submitting these proposals to the Ministry in the New Year.

Care of the Aged

Apart from the good work of the Old People's Club, quite a number of old people in the town are cared for by devoted relatives. They have a hard time with no respite and to help them to have an annual holiday Chard Hospital has developed a scheme by which they

accept old people who are bed-ridden at home, into the hospital for a fortnight to allow the relatives a chance to get away. The only proviso they make is that the patient is returned home at the end of the fortnight.

Prevention of Accidents

The Council continued to take active steps to prevent accidents in the home and suitable posters illustrating the more common types of disaster were displayed.

SECTION C

Prevalence and Control over infectious and other Diseases

There was a fairly sharp outbreak of measles round about March and eighty-one cases were notified. Otherwise there was little infectious disease in 1959 as Appendix C, Table 1 shows.

I have already referred to the poliomyelitis vaccinations carried out in Ilminster. In addition the B.C.G. vaccination programme continued and vaccination was offered to all children born in 1945 and any who had missed the opportunity in previous years. Skin tests were first done and only those found to be negative to this test were vaccinated. The X-raying of positive reactors has been discontinued. However, it is an interesting point that a follow-up of these cases in other parts of England have shown that in their late teens they provide the biggest source of new cases of tuberculosis. It therefore seems important to me that, even if at the age of 14 - 15 X-Ray results of these young people are negative, they should be encouraged to attend for chest X-Ray at every visit of the Mass Miniature Radiography Unit so that if, in later years any should break down, they would be picked up in the early stages.

The incidence of Tuberculosis has shown a definite decrease in the last ten years. This is no doubt due to the use of new drugs which have proved for more effective than those previously used. The 17 - 24 year old group covers the period when tuberculosis is most commonly contracted. As more children who have received B.C.G. vaccination at school reach this age group, the figures should show a further steep decline in the number of new cases.

For many years Tuberculosis has carried a stigma for those who have been infected with it. Past infection is a bar to service in the Armed Forces and many superannuated jobs in civilian life. With the much greater control given by modern drugs, surely the time has come for fresh thinking on the subject of past tuberculosis infection. It should no longer be a burden one carries for the rest of one's life.

SECTION D

Environmental Health Services

A. Sanitary Circumstances

Climatic Conditions

The total rainfall for 1959 was 43.72 inches. It was the best and driest summer in England for many years.

Water Supply

There were some temporary shortages due to the exceptionally dry summer and the supply was augmented by the Chard Rural District Council. Some unsatisfactory bacteriological reports were received from time to time and a new chlorinator was installed. I recommended that residual chlorine readings should be taken regularly and it was agreed that this procedure should be carried out. Details of the supply and analyses will be found in Section D, Table 1.

Drainage and Sewage Disposal

The new sewage disposal works were completed during the year and put into operation during the autumn. Virtually the whole town is sewered and sewage is disposed of at these new works. Samples of the effluent have proved satisfactory. The total cost involved was some £40,000.

Public Cleansing and Refuse Collection

Weekly removal of refuse from each house is carried out by direct labour and deposited on the Council's tip at Dowlish Ford. The majority of householders assist the refuse collectors by providing standard dustbins. These are reasonably easy to handle and the lid excludes flies, etc. However, as always, there are those who use old oil drums, tins, even cardboard boxes. The latter disintegrate in rain and are quite unsatisfactory. It is the duty of the householders to provide a proper well-covered, easily handled container for refuse and a standard dustbin best fills the bill. The Council received a number of complaints of flies coming from the tip and affecting residents in the hamlet of Moolhan. I think that the complaints were justified as, on inspection, it was found that much of the refuse was not satisfactorily covered or compressed. Equipment was borrowed from the Chard Rural District and an improvement was effected. The Council purchased some special equipment for spraying insecticides on the tip but fly control by this method is not satisfactory unless the refuse has been compressed and covered first. The public's attention has been directed in recent years by local authorities to the fly menace and we are constantly drawing their attention to the dangers of fly contamination in domestic premises. It is therefore not surprising that they should complain when their houses are invaded by swarms of flies bred on the Council's property.

Rodent Destruction

The work of rodent destruction was carried on throughout the year and no large infestations were discovered. Routine test baiting of the sewers continued.

Swimming Baths

There are two privately owned swimming baths in the town, one at the Ilminster Boys' Grammar School and the second at the Secondary Modern School. Both are hand chlorinated. Readings are taken by the Somerset County Council's staff and these proved to be satisfactory.

Smoke Abatement

No trouble was experienced during 1959 from industrial smoke and the Council continued to encourage the conversion of old

fashioned grates with slow combustion fireplaces.

B. Factories Act

The Public Health Inspector, Mr. Arney, carried out a number of inspections of factories during the year and details are shown in Appendix D, Table 2.

C. Housing

Appendix D, Table 3 gives considerable details of the housing situation in the town. The Council do encourage applications for Improvement Grants. They approved all applications with one exception where the work had been carried out before application was made.

D. Inspection and Supervision of Food

Milk

There are four registered distributors in the area and one dairy premises. Sampling was carried out by the County Council's staff.

Ice Cream

There are no premises registered for the manufacture of ice cream but fourteen are registered for the retail of the pre-packed product. Only one sample was taken by the Inspector during the twelve months under review. This was satisfactory.

Meat

There are three private licensed slaughterhouses in Ilminster. Two are operating. The Public Health Inspector devotes five hours a week to the work of inspection. Appendix D, Table 4 shows the details of the work. It will be seen that he is only able to see about a sixth of the bovines killed and one-twelfth of the 'smalls'. Most of the meat is exported to London and towns in the south. I have received complaints during the year from London, Hampshire and Dorset concerning unsatisfactory carcasses which were slaughtered in Ilminster and sent off un-inspected. The Council are aware of this unsatisfactory situation. The difficulty lies in the fact that they have not enough work for two inspectors, even if they could afford to employ them. They are exploring the possibility of employing an inspector jointly with a neighbouring authority. The County Council are interested in the outcome of these discussions as the Ilminster slaughterhouse supplies all the meat to the Chard Central School Kitchen which serves about 1,000 meals a day to schools in the southwest of Somerset.

The standard of equipment and hygiene in slaughterhouses is to be brought up to a minimum standard and preliminary discussions about the new requirements were started with the private owners. The houses were inspected with the Ministry of Agriculture and Fisheries Veterinary Officer.

Food Premises in General

Inspections were carried out under the Food Hygiene Regulations, 1952. These were mainly in connection with the condemnation of unsatisfactory food.

APPENDIX A, TABLE 1

Registrar General's Estimate of Population, mid 1959.....	2,550
Area	531 acres
Number of inhabited houses at the end of 1959 according to the Rate Book	1,019
Rateable Value	£32,385
Sum represented by a penny rate	£115

APPENDIX A, TABLE 2

BIRTH RATE	10.98 per 1,000	Comparability Factor		1.00
		M	F	
Live Births	Total	21	17	
	Legitimate	20	16	
	Illegitimate	1	1	
Still Births	Total	-	-	
	Legitimate	-	-	
	Illegitimate	-	-	
Deaths of Infants under 1 year	Total	-	-	
	Legitimate	-	-	
	Illegitimate	-	-	
Deaths of Infants under 4 weeks	Total	-	-	
	Legitimate	-	-	
	Illegitimate	-	-	

APPENDIX A, TABLE 3

DEATH RATE	13.3 per 1,000	Comparability Factor		0.94
		M	F	Total
Heart:	Coronary Disease	1	2	3
	Other heart disease	1	5	6
Circulation:	Vascular lesions of nervous system	2	5	7
	Other circulatory disease	1	-	1
Cancer of:	Stomach	1	1	2
	Lung	-	-	-
	Breast	-	1	1
	Uterus	-	1	1
	Other sites	2	2	4
Lungs:	Tuberculosis	-	-	-
	Influenza	-	-	-
	Bronchitis	1	-	1
	Other diseases of respiratory system	-	-	-
Diabetes		-	-	-
Nephritis		-	-	-
Hypoplasia of prostate		1	-	1
Syphilitic disease		1	-	1
Congenital malformations		-	-	-
Duodenal ulcer		-	-	-
Other ill-defined diseases		1	4	5
Motor vehicle accidents		-	-	-
Accidents other than motor vehicle		-	1	1
Suicide		2	-	2
		<u>14</u>	<u>22</u>	<u>36</u>

APPENDIX B, TABLE 1

Child Welfare Clinic

Statistics for the twelve months ended
31st December, 1959.

1. No. of children who first attended during the year and who at their first attendance were:-

Under One Year of Age 41

2. No. of children who attended during the year and who were born in:

(a) 1959 36
(b) 1958 42
(c) 1957 - 54 115

3. Total attendances during the year made by children who at the date of attendance were:-

(a) Under 1 year of age ... 463
(b) Over 1 but under 2 years
of age 221
(c) over 2 but under 5 years
of age 288

4. No. of individual mothers who attended during the year:

No figure available

5. Total number of sessions held:

(a) With Medical Officer ... 24
(b) Other sessions 28

6. No. of children examined by doctor ... 64

APPENDIX B, TABLE 2

<u>School</u>	<u>No. on Roll</u>	<u>No. in- spected</u>	<u>Date of Inspect- ion</u>	<u>Children having milk</u>	<u>Children having dinner</u>	<u>Diphtheria Immunisation</u>
Ilminster Junior Boys'	100	30	25/2/59	65%	42%	
Ilminster Infants'	171	90	11/11/59 13/11/59	98.83%	50.29%	41
Ilminster Boys' Grammar	173	26	16/7/59	63.58%	54.32%	
Ilminster Sec- ondary Modern	337	78	8/6/59 10/6/59	29.66%	63.20%	

APPENDIX B, TABLE 3

Poliomyelitis Vaccination

Number of persons who received a course of primary vaccinations
(two injections) and number of persons who received a third
(reinforcing) injection, during the year 1959

Young Persons	Child- ren	Other Groups			No. of persons (all groups) who received a third (rein- forcing injection
Born in Year 1933-42	Born in Year 1943-59	Exp. mothers	Drs. & families	Amb. staff & families	
195	330	13	-	2	399

APPENDIX C, TABLE 1

Infectious and Other Notifiable Diseases

Measles ...	...	...	...	...	81
Pneumonia	...	...	...	...	1
Scarlet Fever	...	...	...	...	1

Analysis of Cases Notified

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles		5	8	6	10	49	3					
Pneumonia												1
Scarlet Fever							1					

Tuberculosis

<u>Age Group</u>	<u>New Cases</u>				<u>Deaths</u>			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
1								
1- 5								
5-15								
15-25								
25-35								
35-45	1							
45-55								
55-65		1						
65+								
Age unknown								
	1	1	-	-	-	-	-	-

APPENDIX D, TABLE 1

WATER SUPPLIES

Piped Supplies - results of samples taken for Analysis

<u>Raw Water</u>				<u>Treated after going into Supply</u>			
Bacteriological	Chemical	Bacteriological	Chemical	Bacteriological	Chemical	Bacteriological	Chemical
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
-	-	1	-	16	4	1	-

Water Supplies from Public Mains

<u>Direct to Houses</u>		<u>By means of Standpipes</u>	
No.of Dwellinghouses	Population	No.of Dwellinghouses	Population
813	1,950	210	600

APPENDIX D, TABLE 2

Factories Acts, 1937 - 1959

	No.on Register	No. of Inspections	No.of Written Notices	No. of Occupiers Prosecuted
1. Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	18	13	2	-
2. Factories not included in (1) in which Section 7 is enforced by L.A.	14	7	1	-
3. Other premises	-	-	-	-
Total:	32	20	3	-

Cases in which defects were found 7

Cases in which defects found were remedied ... 7

Outworkers

No. of outworkers in August list required
by Section 10 10

APPENDIX D, TABLE 3

Housing

Action taken during year:

1. Number of houses included in Clearance areas, for which Orders are still to be made..... Nil
2. Number of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957..... Nil
3. Number of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)..... Nil
4. Number of houses demolished or closed under Section 17 of the Housing Act, 1957 (individual Unfits)..... 6
5. Number of temporary dwellings (huts, etc.) demolished..... Nil
6. Number of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)..... 6
7. Number of Houses made fit during year..... 6
8. Number of unfit houses occupied under licence..... Nil
9. Rent Act, 1957 (1st Schedule)

Certificates of Disrepair:

- (a) Number of applications received..... Nil
- (b) Number of Certificates issued..... Nil

Houses erected during year		Houses in course of erection		Gained from conversion of large houses or buildings into flats or dwellings	Lost from conversion of two or more houses to one
For Slum Clearance	For other purposes	For Slum Clearance	For other purposes		
Local Authority -	24	8	8	-	-
Private Enterprise -	3	-	2	-	-

Number of Post-War Houses erected from 1st April 1945 to 31st December, 1959		Housing Programme, 1960	
By Local Authority	By Private Enterprise	For Slum Clearance	For other purposes
207	53	4	4 and 9 Old People's bungalows
(a) Number of temporary housing units occupied		(i) Prefabs	50 not L.A.
		(ii) Huts &c.	Nil
(b) Number of houses found overcrowded.....			Nil

Houses required

(i) To replace houses scheduled for demolition)) For all purposes.....86
(ii) To abate overcrowding	
(iii) For other purposes	

Total No. of applications for Council Houses at the end of the year.82

Total No. of Council Houses sold during the year..... -

No.of permanent dwellings in District as at 31/12/58		Gained from conversions and erected during 1959 (L.A.& P.E.)		Total	Less houses demolished, closed,etc. during year	No. of permanent dwellings in District as at 31/12/59		
L.A.	P.E.	24)	3)			L.A.	P.E.	
224	778	24)	3)	27	1,029	- 6	248	775

IMPROVEMENT GRANTS

A. Discretionary

Number of applications and houses dealt with by Local Authority during year.

<u>Received</u>		<u>Approved</u>	
Applications	No. of Dwellings	Applications	No. of Dwellings
6	8	6	8

NOTE:

Number of applications approved in respect of owner/occupiers during the year 5

Average cost per dwelling approved during year..... £651

Amount of grant payable by Local Authority (average per dwelling) £217

B. Standard

1. Number of applications	(a) Received	7
	(b) Approved	6
2. Number of houses where Standard Amenities have been provided.		6

APPENDIX D, TABLE 4

Meat Inspection

	<u>Cattle exclud- ing Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>	<u>Horses</u>
No. killed (if known)	627	1789	330	9672	874	-
No. inspected	157	252	33	480	291	-
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses, condemn- ed	-	-	1	5	4	-
Carcasses of which some part or organ was condemned	16	5	-	1	5	-
Percentage of the No. inspected affected with disease other than tub- erculosis & cysticerci	10%	2%	3.1%	1.1%	3.1%	-
<u>Tuberculosis only</u>						
Whole carcasses condemn- ed	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	2	-	-	3	-
Percentage of the No. inspected affected with tuberculosis	-	0.8%	-	-	1%	-
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-
Weight of meat condemned (in lbs.) for:-						
(a) Tuberculosis	-	22	-	-	58	-
(b) Cysticercosis	-	-	50	-	-	-
(c) Other	215	189	-	242	480	-
Total (in lbs.)	215	211	50	242	538	-

